

PAEA OB-GYN END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. According to Nägele's rule, a woman whose last menstrual period was June 6th would have an estimated due date of which date?**
 - A. March 6
 - B. March 13
 - C. March 20
 - D. April 6
- 2. What is the role of CA-125 testing in breast cancer diagnostics?**
 - A. It's a definitive test for diagnosis
 - B. Identifies the stage of breast cancer
 - C. Used to rule out ovarian cancer
 - D. Markers for breast cancer recurrence
- 3. What is the most common underlying cause of early postpartum hemorrhage?**
 - A. Uterine atony
 - B. Genital tract trauma
 - C. Coagulation disorders
 - D. Retained placental tissue
- 4. What common condition may present with dysmenorrhea and is also part of pelvic pain assessment?**
 - A. Adenomyosis
 - B. Chronic pelvic inflammatory disease
 - C. Equivocal findings of endometriosis
 - D. Uterine fibroids
- 5. In a pregnant woman with painless spotting at 12 weeks gestation and a closed cervical os, what is the likely diagnosis?**
 - A. Inevitable abortion
 - B. Threatened abortion
 - C. Incomplete abortion
 - D. Complete abortion

- 6. A 29-year-old female with a one-month history of amenorrhea has a positive pregnancy test. What does G1P1 indicate about her obstetric history?**
- A. One gestation and one birth
 - B. One gestation and two births
 - C. Two gestations and one birth
 - D. Two gestations and two births
- 7. When a Pap smear reveals atypical glandular cells (AGUS), what is the most appropriate intervention?**
- A. HPV DNA testing
 - B. Colposcopy with endometrial curettage (ECC)
 - C. Repeat Pap smear in 3 months
 - D. Colposcopy and endometrial sampling
- 8. A 25-year-old female reports constant premenstrual pelvic pain and dysmenorrhea. What is the most likely diagnosis?**
- A. Uterine leiomyoma
 - B. Endometrial polyps
 - C. Ovarian cysts
 - D. Endometriosis
- 9. Which of the following is a common symptom of endometriosis?**
- A. Dysmenorrhea
 - B. Irregular menstrual cycles
 - C. Frequent urination
 - D. Hot flashes
- 10. What is the most likely diagnosis for a patient with thin, gray, frothy vaginal discharge, erythematous cervix, and a vaginal pH of 6?**
- A. Candida vaginitis
 - B. Bacterial vaginosis
 - C. Trichomonas vaginitis
 - D. Chlamydia trachomatis

Answers

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1. B
2. C
3. A
4. A
5. B
6. A
7. D
8. D
9. A
10. C

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Explanations

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1. According to Nägele's rule, a woman whose last menstrual period was June 6th would have an estimated due date of which date?

- A. March 6
- B. March 13**
- C. March 20
- D. April 6

Nägele's rule is a method for estimating the due date of a pregnancy. It involves taking the first day of a woman's last menstrual period (LMP), adding one year, subtracting three months, and then adding seven days. For a woman whose last menstrual period was June 6th, you would follow these steps. First, add one year to the year of the LMP. So, if the LMP is June 6, 2023, we would consider the year 2024 for the due date. Next, subtract three months from June, which takes us to March. Finally, add seven days to the 6th of March, resulting in March 13th as the estimated due date. This calculation aligns precisely with the due date derived from Nägele's rule, making March 13 the correct answer.

2. What is the role of CA-125 testing in breast cancer diagnostics?

- A. It's a definitive test for diagnosis
- B. Identifies the stage of breast cancer
- C. Used to rule out ovarian cancer**
- D. Markers for breast cancer recurrence

CA-125 is a tumor marker that is primarily associated with ovarian cancer, not breast cancer. Its main role is in the management of ovarian cancer, where elevated levels can indicate the presence of the disease or recurrence. In breast cancer diagnostics, CA-125 is not a definitive test for diagnosis nor does it identify the stage of breast cancer. Although it is sometimes elevated in breast cancer, particularly in cases with concurrent ovarian cancer, it is most commonly utilized to evaluate potential ovarian pathology, making it useful for ruling out ovarian cancer. In patients with suspected or known conditions, such as those presenting with pelvic masses or symptoms suggesting ovarian cancer, CA-125 can assist in guiding further testing or management. However, it is important to note that elevated CA-125 levels can also occur in other conditions, such as endometriosis or pelvic inflammatory disease, which limits its specificity. Thus, while CA-125 is not standard for breast cancer evaluation, its primary utility in the context of your question is indeed in assessing the likelihood of ovarian cancer.

3. What is the most common underlying cause of early postpartum hemorrhage?

- A. Uterine atony**
- B. Genital tract trauma
- C. Coagulation disorders
- D. Retained placental tissue

Early postpartum hemorrhage, defined as significant bleeding within the first 24 hours after delivery, is most commonly attributed to uterine atony. This condition occurs when the uterus fails to contract effectively following delivery, leading to inadequate muscle tone that allows for continued bleeding from the placental site. Factors contributing to uterine atony can include prolonged labor, overdistension of the uterus (as seen with multiple gestations or large babies), or certain medications that may impair uterine contractions. Understanding the prevalence of uterine atony as the primary cause of early postpartum hemorrhage is essential because it guides clinical management. Immediate interventions often focus on uterine massage and medications such as oxytocin to promote uterine contraction and reduce bleeding risk. In contrast, while the other options like genital tract trauma, coagulation disorders, and retained placental tissue can cause postpartum hemorrhage, they are less common than uterine atony in the early postpartum period. This knowledge is crucial for healthcare providers to effectively identify and treat the most frequent causes of postpartum complications.

4. What common condition may present with dysmenorrhea and is also part of pelvic pain assessment?

- A. Adenomyosis**
- B. Chronic pelvic inflammatory disease
- C. Equivocal findings of endometriosis
- D. Uterine fibroids

Adenomyosis is a condition characterized by the presence of endometrial tissue located within the muscular layer of the uterus (myometrium). It can lead to dysmenorrhea, which is defined as painful menstruation, typically presenting as cramping and pelvic pain that can worsen over time. The hormonal fluctuations associated with the menstrual cycle can cause these endometrial-like tissues within the myometrium to respond similarly to normal endometrial tissue, leading to inflammation, increased uterine size, and painful contractions during menstruation. Adenomyosis frequently presents in women of reproductive age and is often associated with heavy menstrual bleeding (menorrhagia) as well. In the context of pelvic pain assessment, adenomyosis is an important consideration due to its potential to cause significant discomfort alongside dysmenorrhea. The diagnosis can often be confirmed through imaging studies like transvaginal ultrasound or MRI, or definitively through histological examination following a hysterectomy. The other conditions listed in the options relate to pelvic pain but do not showcase the same direct link to dysmenorrhea or may have distinct presentations and causes that differ from adenomyosis. Chronic pelvic inflammatory disease, for instance, is typically associated with a history of infections and

5. In a pregnant woman with painless spotting at 12 weeks gestation and a closed cervical os, what is the likely diagnosis?

- A. Inevitable abortion
- B. Threatened abortion**
- C. Incomplete abortion
- D. Complete abortion

In a scenario where a pregnant woman presents with painless spotting at 12 weeks of gestation and has a closed cervical os, the likely diagnosis is threatened abortion. This condition is characterized by vaginal bleeding during the first half of pregnancy, where the cervix remains closed, indicating that the pregnancy may still continue. Painless spotting can occur for various reasons, but the absence of cervical dilation or effacement suggests that the body has not yet initiated the process of miscarriage. In cases of threatened abortion, it is still possible for the pregnancy to continue successfully, often with careful monitoring and management. The diagnosis is distinctly different from inevitable, incomplete, or complete abortion. Inevitable abortion typically presents with cervical dilation and possible rupture of membranes, signaling that a miscarriage is underway. Incomplete abortion involves some products of conception being expelled while others remain, commonly occurring with an open cervical os. Complete abortion indicates that all products of conception have been expelled and the cervix would typically be closed after this process. Thus, the key features of painless spotting and a closed cervical os strongly indicate threatened abortion as the correct diagnosis in this case.

6. A 29-year-old female with a one-month history of amenorrhea has a positive pregnancy test. What does G1P1 indicate about her obstetric history?

- A. One gestation and one birth**
- B. One gestation and two births
- C. Two gestations and one birth
- D. Two gestations and two births

The notation G1P1 is used in obstetrics to summarize a woman's pregnancy history. The "G" stands for gravidity, which refers to the number of times a woman has been pregnant, regardless of the outcome. The "P" stands for parity, which indicates the number of pregnancies that have reached a viable gestational age (usually considered to be 20 weeks or more) that resulted in live births or stillbirths. In this case, G1 means that the woman has been pregnant once, and P1 indicates that she has had one delivery resulting in a birth. Therefore, G1P1 signifies that there has been one gestation and that this resulted in one live birth. This understanding helps clarify the obstetric history of patients and directs appropriate prenatal care. It is important to accurately interpret G and P values as they provide critical information regarding previous reproductive experiences, essential for managing current and future pregnancies.

7. When a Pap smear reveals atypical glandular cells (AGUS), what is the most appropriate intervention?

- A. HPV DNA testing
- B. Colposcopy with endometrial curettage (ECC)
- C. Repeat Pap smear in 3 months

D. Colposcopy and endometrial sampling

When a Pap smear reveals atypical glandular cells (AGUS), the most appropriate intervention is colposcopy and endometrial sampling. AGUS can indicate a variety of potential issues, including cervical lesions or even endometrial carcinoma, and requires a thorough evaluation to determine the underlying cause. Colposcopy allows for direct visualization of the cervix and any lesions, while endometrial sampling is essential for assessing the endometrial lining for potential abnormalities that could be indicated by AGUS findings. This comprehensive approach is crucial because AGUS can sometimes signify serious pathologies. Other options, while they have their places in cervical screening and management, do not provide the thorough investigation necessary in the presence of atypical glandular cells. HPV DNA testing alone would not address the potential risks associated with AGUS, such as ruling out cervical or endometrial cancers. A repeat Pap smear in 3 months does not sufficiently evaluate the significant concern raised by AGUS. Additionally, while colposcopy with endometrial curettage (ECC) is a valuable procedure, it does not confirm the need for a sampling of the endometrium, which is critical in this scenario of AGUS. Thus, the combination of colposcopy with endometrial

8. A 25-year-old female reports constant premenstrual pelvic pain and dysmenorrhea. What is the most likely diagnosis?

- A. Uterine leiomyoma
- B. Endometrial polyps
- C. Ovarian cysts

D. Endometriosis

The diagnosis of endometriosis is supported by the symptomatology presented by the patient. Endometriosis is characterized by the presence of endometrial-like tissue outside the uterus, leading to chronic pelvic pain and dysmenorrhea, particularly during the premenstrual phase of the menstrual cycle. The patient's constant premenstrual pelvic pain is a hallmark symptom of endometriosis, as the ectopic endometrial tissue responds to hormonal changes during the menstrual cycle, causing inflammation and pain. Dysmenorrhea, or painful menstruation, is also commonly associated with endometriosis due to the contractions of the uterus and the surrounding inflammatory process. In contrast, uterine leiomyoma typically causes heavy menstrual bleeding and may lead to pressure symptoms but is less likely to present primarily with cyclical pelvic pain. Endometrial polyps can lead to irregular bleeding but are not commonly associated with severe dysmenorrhea or premenstrual pain. Ovarian cysts may cause pelvic discomfort or pain when they rupture, but they do not typically produce the consistent premenstrual symptoms as seen in endometriosis. Therefore, given the specific symptomatology of premenstrual pelvic pain and dysmenorrhea, endometriosis emerges as the

9. Which of the following is a common symptom of endometriosis?

- A. Dysmenorrhea**
- B. Irregular menstrual cycles
- C. Frequent urination
- D. Hot flashes

Dysmenorrhea, or painful menstrual cramps, is indeed a common symptom of endometriosis. This condition occurs when the tissue that normally lines the inside of the uterus, called the endometrium, starts to grow outside the uterus. This can lead to significant pain, especially during menstruation, as the endometrial-like tissue responds to hormonal changes in a similar way to the lining inside the uterus. This can create an inflammatory response, leading to pain and discomfort. While irregular menstrual cycles and frequent urination can occur in women with endometriosis, they are not as distinctive or common as dysmenorrhea. Irregular cycles can be related to many other factors beyond endometriosis. Frequent urination may occur if the endometrial tissue is located near the bladder but is less commonly presented as a main symptom. Hot flashes are typically associated with hormonal changes and menopause, not endometriosis. Thus, dysmenorrhea stands out as the most characteristic symptom associated with this condition.

10. What is the most likely diagnosis for a patient with thin, gray, frothy vaginal discharge, erythematous cervix, and a vaginal pH of 6?

- A. Candida vaginitis
- B. Bacterial vaginosis
- C. Trichomonas vaginitis**
- D. Chlamydia trachomatis

The most likely diagnosis for a patient presenting with thin, gray, frothy vaginal discharge, an erythematous cervix, and a vaginal pH of 6 is Trichomonas vaginitis. This condition is caused by the protozoan parasite Trichomonas vaginalis, which typically leads to a distinct set of symptoms. The thin, frothy discharge is characteristic of Trichomonas, often described as having a fishy odor, which is also noted in the condition. In addition to the discharge, the presence of an erythematous cervix is significant and can be associated with inflammation caused by the infection. The elevated vaginal pH of 6 further supports this diagnosis, as normal vaginal pH is generally below 4.5. Trichomonas vaginitis commonly causes a shift in pH, making it less acidic. In contrast, Candida vaginitis usually presents with thick, white, cottage cheese-like discharge and is associated with a normal acidic vaginal pH. Bacterial vaginosis presents with a thin, gray discharge and a positive whiff test but generally does not cause an irritated cervix. Chlamydia trachomatis is a sexually transmitted infection that may cause cervicitis, but

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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